500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2241
http://www.tn.gov/commerce/

FOR OFFICE USE ONLY

LICENSE TYPE: 1602

TRANSACTION TYPE : 8020

FILE NUMBER _____

ENTITY NUMBER _____

APPLICATION NUMBER _____

AMOUNT PAID _____

Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed request form and **$25.00** check or money order to:

The Department of Commerce & Insurance
500 James Robertson Parkway
Nashville, TN 37243

SELECT THE REASON FOR DUPLICATE REQUEST:
_____ Lost/Misplaced _____ Never received

Name of Shop/Salon: _____
(as listed with the Board)

License Number: _____ Shop Type: _____

Mailing Address _____

_____
City State Zip Code

Today's Date: _____

Contact Person: _____
(please circle one: Owner or Manager)

Contact Phone Number: _____

Email Address: _____